_	·							140. E 4000 10422000										
-	Feet gursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).				Complete if Known													
					Application N	Number	10/727,138											
		" # FEE TRANSMITTAL			Filing Date		December 3, 2003											
	5	For FY	2009		First Named		Kaushik Sal	na										
_	ATTE APPEN				Examiner Na Art Unit	ame	Chat C. Do											
7		L AMOUNT OF PAYMENT (\$)1920 Atto				.1 .4 \$1	2193											
-					Attorney Doo	cket No.	852463.406											
l	METHOD OF PAYI		Money Order Other (please identify): Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC osit account, the Director is hereby authorized to: (check all that apply) below Charge fee(s) indicated below, except for the filing fee ee(s) or underpayments Charge any underpayments or credit any overpayments 1.16 and 1.17															
	느 느	_	•	_														
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments Of fee(s) under 37 CFR 1.16 and 1.17 Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION																		
										1. BASIC FILING,	SEARCH, AN	D EXAMINATI	ON FEES	=>/.4.4		INIATION		
											FILING	FEES	SEARC	H FEES	{ FFFS			
												0 11 5 111				Small		
											Small Entity			Small Entity		Entity		
										Application Type	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
l	Utility	330	165	540	270	220	110											
	Design	220	110	100	50	140	70											
İ	Provisional	220	110	0	0	0	0											
l	2. EXCESS CLAIN	I FEES						Small Entity										
	Fee Description						Ī	ee (\$) Fee (\$)										
Ì	Each claim over 20 (including Reiss	ues)					52 26										
l	Each independent cla	aim over 3 (incl	uding Reissues)				220 110										
l	Multiple dependent of					390 195												
	Total Claims	ee (\$)	Fee Paid (<u>(\$)</u>	Multiple	Dependent Claims												
ļ	20 or HP = X =						Fee (\$)	Fee Paid (\$)										
	HP = highest number	reater than 20.																
	Indep. Claims	Extra Cla	<u>aims</u> <u>F</u>	ee (\$)	Fee Paid (<u>(\$)</u>												
-3 or HP = X = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 LS C 41(a)(1)(G) and 37 CFR 1.16(a)																		
										thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). <u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>								
										400								
										4. OTHER FEE(S)	× _	Fees Paid (\$)						
									Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): Request for Continued Examination								\$940										
	10 3 D. L. U. N.	Continued Exa	<u>miniation</u>			<u>\$810</u> \$1110												
	Extension of Time Fees \$1110																	
H	SUBMITTED BY				-		·····											
Registration No.																		
L	Signature	Losly	1 BU		rney/Agent)	47,435	Telephone	206-622-4900										
1	Name (Print/Type)	Timothy L. E	Boller				Date	November 12, 2009										